Effective December 8, 2004 O9/8/1995													
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	TOTAL CLAIMS						RATE	FEE	״	RATE		_	
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Ľ	NDEPENDENT C	≈ 3 minus 3 س		•			X100=	<u> </u>	┪¨	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	+	\dashv	
Ŀ	MULTIPLE DEPENDENT CLAIM PRESENT								+	-IOA		 	┥
•	* If the difference in column 1 is less than zero, enter *0" in column 2								<u> </u>	OA		ļ	
		.	TOTAL	·	JOR	TOTAL		4					
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AMENI	ladaaaaa		Minus '	<u>~ 1.1</u>	∸┨		×	5 25 ±		OF	X\$50=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						×	100=		OR	X200=		
		+	1805	•	OR .	+360°							
,	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." "The "Highest Number Proviously Paid For" IN THIS GPACE is less than 3, enter "3."									OR A	TOTAL OUTL FEE		
	The Highest fount	er Previously Paid	For (Total or h	respondent) p (pa (ma sen	ghest number (n the app	abuste pari	h cote	ton,i,	•	
FORM	PTO-879 (Flor. 10/	<u> </u>							Y-Y				ŀ